



State of Utah

JON M. HUNTSMAN, JR.
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GARY R. HERBERT
Lieutenant Governor

**Utah Department of Health
Executive Director's Office**

David N. Sundwall, M.D.
Executive Director

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Deputy Director

Allen Korhonen
Deputy Director

Health Care Financing

Michael T. Hales
Division Director

December 28, 2006

Ms. Mary Kissell
Center for Medicare and Medicaid Services
The Colorado State Bank Building
1600 Broadway, Suite 700
Denver, Colorado 80202

Dear Ms. Kissell,

Please find enclosed Utah's CMS-372(S) report for Renewal Year 2 (SFY 06) and the CMS-372(S) lag report for Renewal Year 1 (SFY 05) for our Acquired Brain Injury Waiver for Individuals 18 and Over (waiver # 0292.03).

Please contact Tonya Keller at (801) 538-9136 if you have any questions regarding these reports.

Sincerely,

Michael Hales, Director
Division of Health Care Financing

Attachments

c: Tonya Keller

Annual Report on Home and Community-Based Services Waivers

(Instructions for completing this form are found in Section 2700.6 of the State Medicaid Manual)

State: **UTAH**Department of Health and Human Services
Health Care Financing Administration
Forms Approved QMB No. 0938-0272
Expires: February 28, 1998Reporting Period: **07/01/2005 - 06/30/2006**Waiver Number: **0292.03**Waiver Year: Renewal Year: **2**Waiver Title: **Acquired Brain Injury Waiver for Individuals 18 and over**Report Type: **Initial**Level/s of Care in Approved Waiver: **NF**

Page 1 of 4

I. Annual Section 1915(c) Waiver Expenditures

- A. HCFA approved section 1915(c) waiver services recipients
-
- (Specify each service as in the approved waiver.)

A.1	ABI Support Coordination	91
A.2	Chore Services	8
A.3	Community Living Supports	82
A.4	Companion Services	10
A.5	Family Assistance and Supports	1
A.6	Habilitation (Structured Day Program)	14
A.7	Personal Emergency Response System	4
A.8	Respite Care	11
A.9	Specialized Medical Equipment	2
A.10	Supported Employment	31
A.11	Transportation	30
A.12		
A.13		
A.14		
A.15		
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Total Unduplicated Section 1915(c) waiver recipients served

91

STATE ORGANIZATION AND GENERAL ADMINISTRATION
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0292.03

Level/s of Care in Approved Waiver: NF

Page 2 of 4

II. Annual Section 1915(c) Waiver Expenditures

- A. Total HCFA approved section 1915(c) waiver services expenditures
(Specify each service as in the approved waiver.) \$2,079,140.89

A.1	ABI Support Coordination	\$211,164.18
A.2	Chore Services	\$15,804.28
A.3	Community Living Supports	\$1,311,245.06
A.4	Companion Services	\$65,945.53
A.5	Family Assistance and Supports	\$1,537.20
A.6	Habilitation (Structured Day Program)	\$170,733.12
A.7	Personal Emergency Response System	\$1,453.18
A.8	Respite Care	\$63,734.88
A.9	Specialized Medical Equipment	\$579.96
A.10	Supported Employment	\$205,235.75
A.11	Transportation	\$31,707.75
A.12		
A.13		
A.14		
A.15		
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Average per capita Section 1915(c) waiver services expenditures
(Actual Factor D value/s) \$22,847.70

- III. Average per capita annual expenditures for all other Medicaid services to waiver recipients including home health, personal care, adult day health and expanded EPSDT service expenditures (Actual Factor D' values)** \$4,805.27

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0292.03

Level/s of Care in Approved Waiver: NF

Page 3 of 4

IV. 1915(c) Waiver Cost-Neutrality Formula

$$D + D' \leq G + G'$$

$$\begin{array}{rccccccc} \$22,847.70 & + & \$4,805.27 & \leq & \$29,916.00 & + & \$8,865.00 \\ & & \$27,652.98 & \leq & \$38,781.00 & & \end{array}$$

To compute the cost neutrality formula, add the actual D (section II.B.1) plus the actual D' (section III) on the HCFA-372(s). The sum of D plus D' must be less than or equal to the sum of the estimated G plus G' in the approved waiver request.

*If D + D' is greater than G + G', attach an explanation to Form HCFA-372(s) with documentation to support revision of G and or G'.

V. Other Required Data

- A. 1. Total days of waiver coverage: 30,300
2. Average length of stay of waiver coverage by level of care: 333
(Total days of coverage divided by line B.1. of section I)
- B. Attach a lag report for the previous year of this waiver (including renewals and replacements) or an explanation of why there is no lag report.
- C. Impact of the waiver on the health and welfare of the recipients. Complete items 2 through 7 only if you are submitting an initial report.

Assurances: (Please check)

- ☐ 1. Assurances were submitted with the initial report.

Documentation: (Please check and attach)

- ☒ 2. All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate.
- ☒ 3. All providers of waiver services were properly trained, supervised, and certified and/or licensed, and corrective actions have been taken where appropriate.
- ☒ 4. Attached is a brief description of the process for monitoring the safeguards and standards under the waiver.

STATE ORGANIZATION AND GENERAL ADMINISTRATION
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0292.03

Level/s of Care in Approved Waiver: NF

Page 4 of 4

Findings of Monitoring: (Please check and attach documentation if appropriate).

- ☐ 5. No deficiencies were detected during the monitoring process; or
- ☒ 6. Deficiencies were detected. Attached is a summary of the significant areas where deficiencies were detected, (Note: Individual reports or assessment forms for waiver individuals and/or providers disclosing deficiencies and which document the summary, are not necessary); and
- ☒ 7. Attached is an explanation of how these deficiencies have been, or are being corrected as well as an explanation of what steps have been taken to ensure that the deficiencies do not recur.

Certification: I do certify that the information shown on the Form HCFA 372(s) is correct to the best of any knowledge and belief.

Signed:

Title: Director, Division of Health Care Financing

Date:

Contact Person: Jason StewartTelephone Number: (801) 538-9144

Annual Report on Home and Community-Based Services Waivers

(Instructions for completing this form are found in Section 2700.6 of the State Medicaid Manual)

State: **UTAH**Department of Health and Human Services
Health Care Financing Administration
Forms Approved QMB No. 0938-0272
Expires: February 28, 1998Reporting Period: **07/01/2004 - 06/30/2005**Waiver Number: **0292.03**Waiver Year: Renewal Year: **1**Waiver Title: **Acquired Brain Injury Waiver for Individuals 18 and over**Report Type: **Lag**Level/s of Care in Approved Waiver: **NF**

Page 1 of 4

I. Annual Section 1915(c) Waiver Expenditures

- A. HCFA approved section 1915(c) waiver services recipients
-
- (Specify each service as in the approved waiver.)

A.1	ABI Support Coordination	101
A.2	Chore Services	7
A.3	Community Living Supports	83
A.4	Companion Services	9
A.5	Habilitation (Structured Day Program)	19
A.6	Homemaker Services	2
A.7	Personal Emergency Response System	5
A.8	Respite Care	13
A.9	Specialized Medical Equipment	4
A.10	Supported Employment	35
A.11	Transportation	30
A.12		
A.13		
A.14		
A.15		
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Total Unduplicated Section 1915(c) waiver recipients served

101

STATE ORGANIZATION AND GENERAL ADMINISTRATION
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2004 - 06/30/2005

Waiver Number: 0292.03

Level/s of Care in Approved Waiver: NF

Page 2 of 4

II. Annual Section 1915(c) Waiver Expenditures

- A. Total HCFA approved section 1915(c) waiver services expenditures
(Specify each service as in the approved waiver.) \$1,980,337.77

A.1	ABI Support Coordination	\$203,067.35
A.2	Chore Services	\$17,326.18
A.3	Community Living Supports	\$1,228,860.95
A.4	Companion Services	\$63,759.33
A.5	Habilitation (Structured Day Program)	\$178,596.72
A.6	Homemaker Services	\$673.28
A.7	Personal Emergency Response System	\$1,372.00
A.8	Respite Care	\$57,426.86
A.9	Specialized Medical Equipment	\$1,592.36
A.10	Supported Employment	\$196,252.36
A.11	Transportation	\$31,410.38
A.12		
A.13		
A.14		
A.15		
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Average per capita Section 1915(c) waiver services expenditures
(Actual Factor D value/s) \$19,607.30

- III. Average per capita annual expenditures for all other Medicaid services to waiver recipients including home health, personal care, adult day health and expanded EPSDT service expenditures (Actual Factor D' values)** \$4,815.44

State: UTAH

Reporting Period: 07/01/2004 - 06/30/2005

Waiver Number: 0292.03

Level/s of Care in Approved Waiver: NF

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IV. 1915(c) Waiver Cost-Neutrality Formula

$$D + D' \leq G + G'$$

$$\begin{array}{rccccccc} \$19,607.30 & + & \$4,815.44 & \leq & \$29,372.00 & + & \$8,691.00 \\ & & & & & & \\ & & \$24,422.74 & \leq & \$38,063.00 & & \end{array}$$

To compute the cost neutrality formula, add the actual D (section II.B.1) plus the actual D' (section III) on the HCFA-372(s). The sum of D plus D' must be less than or equal to the sum of the estimated G plus G' in the approved waiver request.

*If D + D' is greater than G + G', attach an explanation to Form HCFA-372(s) with documentation to support revision of G and or G'.

V. Other Required Data

- A. 1. Total days of waiver coverage: 29,358
2. Average length of stay of waiver coverage by level of care: 291
(Total days of coverage divided by line B.1. of section I)
- B. Attach a lag report for the previous year of this waiver (including renewals and replacements) or an explanation of why there is no lag report.
- C. Impact of the waiver on the health and welfare of the recipients. Complete items 2 through 7 only if you are submitting an initial report.

Assurances: (Please check)

- ☒ 1. Assurances were submitted with the initial report.

Documentation: (Please check and attach)

- ☐ 2. All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate.
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- ☐ 4. Attached is a brief description of the process for monitoring the safeguards and standards under the waiver.

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Findings of Monitoring: (Please check and attach documentation if appropriate).

- ☐ 5. No deficiencies were detected during the monitoring process; or
- ☐ 6. Deficiencies were detected. Attached is a summary of the significant areas where deficiencies were detected, (Note: Individual reports or assessment forms for waiver individuals and/or providers disclosing deficiencies and which document the summary, are not necessary); and
- ☐ 7. Attached is an explanation of how these deficiencies have been, or are being corrected as well as an explanation of what steps have been taken to ensure that the deficiencies do not recur.

Certification: I do certify that the information shown on the Form HCFA 372(s) is correct to the best of any knowledge and belief.

Signed:

Title: Director, Division of Health Care Financing

Date:

Contact Person: Jason StewartTelephone Number: (801) 538-9144

ABI Waiver Quality Assurance Monitoring Activities FY 2006

FY 2006 Annual Review

The FY 2006 Review of the ABI Waiver focused on the assurances of Financial Accountability and Plans of Care. Participant information related to claims data and plans of care from FY 2006 was examined to determine compliance with aspects of these assurances. The findings of the review resulted in deficiencies that related to both Financial Care and Plans of Care.

Assurances: Financial Accountability and Plans of Care (Service Plan)

Deficiency (non systemic): Service ordered on the ISP did not match the service billed

- The service Family Assistance and Supports was ordered on the ISP. The service that was billed for was Community Living Supports. The ABI Waiver intended that this individual receive Community Living Supports (which he did) and not Family Assistance and Supports. These two services are similar but not interchangeable. There will not be a recoupment of funds because the intention was met and this was a technical error. The expectation for future audits will be that only services written on the ISP will be paid for.

Corrective Action

The ABI waiver will train support coordinators to differentiate between Community Living Supports and Family Assistance and Supports and to correctly identify on the ISP the service that an individual will receive.

Sustainability

These issues will be included in the FY 2007 Review of the ABI Waiver to assure that there is no significant increase with respect to these issues.

Deficiency (systemic): Lack of current information on the Individual Service Plan

- The Outcome Review/Progress Notes/ Comments section of the ISP is a review of the past year and includes a current update of the participant's outcomes and progress. In several instances this section was not updated and contained the exact wording from the previous year's ISP.

Corrective action:

The ABI Waiver operating agency will provide ongoing training to new and existing support coordinators on updating the Outcome Review/Progress Notes/Comments section of the Individual Service Plan to reflect the past years progress and current status.

Sustainability

These issues will be included in the FY 2007 Review of the ABI Waiver to assure that there is no significant increase with respect to these issues.

Deficiency (non systemic): Lack of addendum to Individual Service Plan

- An addendum was not used to support the need for an increase in Supported Employment. The service was paid over the amount that was on the ISP.

Corrective Action

The ABI waiver will review with support coordinators the methods of monitoring budgets and the need to complete an addendum to the ISP when changes in needs are identified. The SMA will recoup the overpayment for this service.

Sustainability

These issues will be included in the FY 2007 Review of the ABI Waiver to assure that there is no significant increase with respect to these issues.

Other Quality Assurance Activities

- **Quality Contract:** The DHCF/LTCB continues to have a Quality Contract with the Bureau of Health Facility Licensure, Certification and Resident Assessment. This agency of the Department of Health licenses all health care facilities in Utah. The contract stipulates that during annual on-site inspections the Bureau of Licensing will include in their review sample HCBS clients who have been identified by the DHCF/LTCB as receiving services by a licensed health care provider. When concerns are identified by the Bureau of Licensing, they will contact the DHCF/LTCB designee who will follow up with the appropriate waiver case management agency for resolution. Quarterly meetings were held with the Bureau staff to develop protocols to implement Home Health Agency reviews as a component of the contract. Implementation of this section of the contract significantly increases the number of Home Health Agency reviews that are conducted by the Health Department on an annual basis. This adds an additional component to the monitoring activities of the DHCF/LTCB to assure qualified providers (home health agencies in particular) and the health and welfare of waiver participants. In addition, training of licensors by the LTCB was conducted.
- **Disenrollments:** The DHCF/LTCB reviews and approves or disapproves all non-routine disenrollments from the ABI Waiver. This quality monitoring activity assures that the disenrollments are appropriate and that appropriate discharge planning has taken place. Four non-routine involuntary disenrollments were reviewed during FY 2006. Each of these individuals had a transition plan that provided a safe and orderly discharge from the waiver and assisted them in accessing other community resources and/or state plan services to meet their ongoing needs.
- **The Utah Indian Health Advisory Board (UIHAB):** A meeting was held with the DHCF/LTCB and the Department of Health Indian Health Liaison to provide education about the 1915(c) home and community based waiver programs. Discussion included ways to best communicate information in a timely manner to the Utah Indian Health Advisory Board on issues pertaining to the HCBS waivers and the need to consult with Native American representatives and invite them to participate in workgroups.
- **Training of Support Coordinators:** The DHCF/LTCB participated in training sessions for support coordinators and providers.
- **Liaison to the ABI Waiver:** As a quality assurance/improvement initiative the LTCB assigned an individual to act as Liaison to coordinate and collaborate with DSPD, the operating agency for the ABI Waiver. The Liaison participated in the following activities.
 - Technical advisor to the operating agency.

- Reviewed and approved all policy, procedures, forms etc having to do with the waiver.
- Worked with the operating agency personnel to trouble shoot/problem solve and assure any plan to correct is implemented and sustained.
- Followed up on complaints made to DOH re: the waiver/operating agency.
- Provided education to the operating agency re: Medicaid program and state plan services.
- Member of the ABI State Advisory Board
- Participated as a member of the Professional Education Workgroup which developed the beginner education for provider direct care staff.
- Developed the ABI Foundation Training curriculum to train providers of ABI services.
- Provider Training: Training in the area of Acquired Brain Injury was developed for provider staff and will be implemented in FY07. Provider staff will show competency by 6 months employment in the following:
 - a. Brain behavior relationships
 - b. Transition from hospitals to community support programs
 - c. Functional impact of brain changes
 - d. Health and medication classes
 - e. Role of the direct care staff relating to the treatment and rehab process
 - f. Treatment planning and behavioral supports
 - g. The family's perspective of brain injury
- ABI Basic Training Pilot: Eight Support coordinators received "train the trainer" training on the ABI Basic Curriculum. These individuals will provide training to new ABI support coordinators.
- ABI Basic Curriculum – Available Online: The new ABI Basic Curriculum is available on the DSPD Website.
- Information Packets: Information packets were designed for DSPD Intake and ABI Support Coordinators to provide new ABI applicants the most current ABI Waiver information.
- ABI Support Coordinator Certification Exam: This support coordinator certification exam was developed to enhance the skill level of support coordinators with respect to working with individuals with a brain injury. Currently, all support coordinators working with individuals receiving services from the ABI Waiver must pass the ABI Support Coordinator Certification Exam. This exam was approved by the LTCB before implementation.